



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

03/05/2002

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

<b>EPA I.D. NUMBER</b>	NYD987018173
<b>INSTALLATION NAME</b>	TECHNIC INC ATD
<b>INSTALLATION ADDRESS</b>	111 E AMES CT - NORTHSIDE PLAINVIEW, NY 118032307
<b>MAILING ADDRESS</b>	111 E AMES CT - NORTHSIDE PLAINVIEW, NY 118032307

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22<sup>nd</sup> Floor  
New York, NY 10007-1866**

**ATTN: JACK HOYT  
Tel : (212) 637-4106  
Fax: (212) 637-4949**

**TO: TECHNIC INC ATD  
or Current Occupant  
ATTN: JOHN HOUMAN - VP R&D  
111 E AMES CT - NORTHSIDE  
PLAINVIEW, NY 118032307**

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3018 of the Resource Conservation and Recovery Act).

# Notification of Regulated Waste Activity



United States Environmental Protection Agency

2002 FEB 20 AM 10:21  
RCRA PROGRAMS  
BRANCH

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. Initial Notification☐ B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

NY D 987018173

## II. Name of Installation (Include company and specific site name)

TECHNIC INC ATD

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

111 E. AMES COURT -

Street (Continued)

NORTHSIDE Side

PLAINVIEW

City or Town

State

Zip Code

NY 11803 -

County Code

County Name

059 NASSAU

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

HOUMAN

JOHN

Job Title

Phone Number (Area Code and Number)

VP R&amp;D

516-349-0700

## VI. Installation Contact Address (See instructions)

A. Contact Address

Location

Mailing

B. Street or P.O. Box

☒

City or Town

State

Zip Code

## VII. Ownership (See instructions)

## A. Name of Installation's Legal Owner

BRANDYWINE REALTY TRUST

Street, P.O. Box, or Route Number

125 JERICHO TURNPIKE

City or Town

State

Zip Code

JERICHO

NY 11753 -

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

Date Changed

516-997-6100

P

P

Yes

No

Month

Day

Year

Address verified

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions)

## A. Hazardous Waste Activities

1. Generator (See instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
- ☐ 4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

## C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F003	2 F007	3 U003	4 U122	5 U133	6 U154
7 U190	8 U201	9	10	11	12

## B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D008			

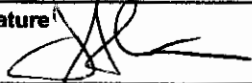
## C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

JOHN H. HOMAN VP, R&amp;D

Date Signed

02-03-02

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

ENVIRONMENTAL PROTECTION  
AGENCY  
REGION II  
JAN 20 AM 10:21  
A PROGRAMS  
BRANCH



## Handler Information



DONALD E AXINN CO

PLAINVIEW

NYD987018173

Select the information to process:

Basic Handler Information						
Handler Id	Handler Name	Facility Identifier	Extract Flag	Region	State	Universes
NYD987018173	DONALD E AXINN CO		X	02	NY	

Previous Name Information		
Act Loc	Receive Date	Handler Name

Location Address Information								
Act Loc	Street No.	Street	City	County	State	Zip	Land Type	State District
NY	111	AMES CT	PLAINVIEW	NASSAU	NY	118032307	P	NYSDEC R1

Mailing Address Information					
Act Loc	Street No.	Street	City	State	Zip
NY	131	JERICO TNP	JERICO	NY	11753

Contact Information							Add Contact		
Act Loc	Type	Title	First Name	Last Name	Phone	Street	City	State	Zip
NY	N	OPER MGR	BILL	MUNDA	516-333-8500	131 JERICO TNP	JERICO	NY	11753

Owner Information									Add Owner	
Act Loc	Seq	Indicator	Type	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip
NY	1	CO	P		DONALD E AXINN	516-333-8500	131 JERICO TNP	JERICO	NY	11753

Operator Information								Add Operator		
Act Loc	Seq	Indicator	Type	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip

Miscellaneous Information							Add/Update Miscellaneous Information		
Act Loc	Previous Id	Second Id	Ack Flag	Ack Date	River Basin	TSD Date	Non-notifier	Off-site receipt	Accessibility
NY				10/26/1992					

teehonic & Centroid are the only tenants  
per Charlie Mellon 3/4/02

Location Coordinates			<a href="#">Add/Update Latitude/Longitude</a>
Act Loc	Source	Latitude Measure	Longitude Measure
NY			

Environmental Priority Ranking				<a href="#">Add EPR</a>
Act Loc	EPR Date	EPR Status	EPR Notes	

SIC Information				<a href="#">Add SIC</a>
Act Loc	Seq	Source	Code	Primary

Other Permit Information				<a href="#">Add Other Permit</a>
Act Loc	Number	Type	Permit Description	

Activity Summary Information										<a href="#">Add Activity</a>
Act Loc	Source	Seq	Receipt Date	Gen - Fed Reg.	Trans - Fed Reg.	TSD - Fed Reg.	HW Fuel - Fed Reg.	Used Oil - Fed Reg.	UIC	Recy
NY	E	1	7/8/1999	- N	-	-	-	-		
NY	N	1	10/20/1992	SQG - R	-	-	-	-		

Hazardous Waste Stream Information				<a href="#">Add Waste Stream</a>		
Act Loc	Sequence	Source	Date	Amount	Unit of Measure	Desc
NY	0001	N	10/20/1992	0		

Go To ▼

URL: /Handler/HAND\_info\_main.asp



Location Coordinates			<a href="#">Add/Update Latitude/Longitude</a>
Act Loc	Source	Latitude Measure	Longitude Measure
NY			

Environmental Priority Ranking				<a href="#">Add EPR</a>
Act Loc	EPR Date	EPR Status	EPR Notes	

SIC Information				<a href="#">Add SIC</a>
Act Loc	Seq	Source	Code	Primary

Other Permit Information				<a href="#">Add Other Permit</a>
Act Loc	Number	Type	Permit Description	

Activity Summary Information										<a href="#">Add Activity</a>
Act Loc	Source	Seq	Receipt Date	Gen - Fed Reg.	Trans - Fed Reg.	TSD - Fed Reg.	HW Fuel - Fed Reg.	Used Oil - Fed Reg.	UIC	Recy
NY	N	1	6/1/1998	CESQG - R	-	-	-	-		

Hazardous Waste Stream Information					<a href="#">Add Waste Stream</a>		
Act Loc	Sequence	Source	Date	Amount	Unit of Measure	Desc	
NY	0001	N	6/1/1998	0			

Go To

URL: /Handler/HAND\_info\_main.asp





## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/26/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD987018173

FACILITY NAME -> DONALD E AXINN CO

MAILING ADDRESS -> 131 JERICHO TNP  
JERICHO, NY 11753

INSTALLATION ADDRESS -> 111 AMES CT  
PLAINVIEW, NY 11803

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: MUNDA, BILL  
OPER MGR  
DONALD E AXINN CO  
131 JERICHO TNP  
JERICHO, NY 11753



Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

10-20-92

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

NYD987018173

## II. Name of Installation (Include company and specific site name)

DONALD E AXINN COMPANY

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

111 AMES COURT

Street (continued)

City or Town

PLAINVIEW

State

ZIP Code

NY 11803-

County Code

County Name

NASSAU

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

131 JERICHO TURNPIKE

City or Town

JERICHO

State

ZIP Code

NY 11753-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

MUNDA

(first)

BILL

Job Title

OPERATION MGR.

Phone Number (area code and number)

516-333-8500

## VI. Installation Contact Address (See Instructions)

A. Contact Address

Location

Mailing



B. Street or P.O. Box

City or Town

State

ZIP Code

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

DONALD E AXINN

Street, P.O. Box, or Route Number

131 JERICHO TURNPIKE

City or Town

JERICHO

State

ZIP Code

NY 11753-

Phone Number (area code and number)

516-333-8500

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

Spoke with Sue 10/20/92 4:22

ID - For Official Use Only

NYD 987018173

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input type="checkbox"/> 1. Generator (See Instructions)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel
<input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)		<input type="checkbox"/> a. Generator Marketing to Burner
<input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)		<input type="checkbox"/> b. Other Marketer
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> 4. Hazardous Waste Fuel	<input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device
<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> 1. Utility Boiler
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> b. Other Marketers	<input type="checkbox"/> 2. Industrial Boiler
<input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device	<input type="checkbox"/> 3. Industrial Furnace
Mode of Transportation:	<input type="checkbox"/> 1. Utility Boiler	
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 2. Industrial Boiler	
<input type="checkbox"/> 2. Rail	<input type="checkbox"/> 3. Industrial Furnace	
<input type="checkbox"/> 3. Highway	<input type="checkbox"/> 5. Underground Injection Control	
<input type="checkbox"/> 4. Water		<input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
<input type="checkbox"/> 5. Other - specify _____		

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F002	F003				

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>William J. Munda</i>	Name and Official Title (type or print) WILLIAM J. MUNDA MGR.	Date Signed 10-16-92
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## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: August 7, 2014 - 12:01 PM

Version 5.0

## User Selection Criteria

<b>Location:</b>	New York, all activities	<b>Activity Location:</b>	None Chosen
<b>Handler ID:</b>	NYD987018173	<b>Group of IDs:</b>	None Chosen
<b>Handler Name:</b>			
<b>Handler Universe:</b>	All Facilities Regardless of Universe		
<b>Determined Date Range:</b>	From: 10/01/1980 To: 08/07/2014		
<b>Location County Code:</b>	None Chosen	<b>Evaluation Type:</b>	
<b>Location City:</b>		<b>Focus Area:</b>	
<b>Location Zip Code:</b>		<b>Violation Type:</b>	
<b>State District:</b>	None Chosen	<b>Display Code Descrip.:</b>	Yes
<b>Sort Order:</b>	Region, State, Handler Name	<b>Display Universes:</b>	Yes

## Results

Data meeting the criteria you selected follows.

Total Pages:5      Total Handlers:1

## Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

## Report Information

**Name:** cme\_foia.rdf  
**Developed by:** EPA Headquarters, Office of Enforcement and Compliance Assurance  
**Deployed:** June 2006  
**Last Updated:** May 2012  
**Contact:** rcrainfo.help@epa.gov  
**Tables Used:** cmecomp3, ccitation3, hreport\_univ5, lu\_citation, lu\_state, hid\_groups  
**Libraries:** none

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: August 7, 2014 - 12:01 PM

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## TECHNIC INC ATD

County Name / Code: NASSAU / NY059

NYD987018173

Location: 111 E AMES CT - NORTHSIDE; PLAINVIEW, NY 11803-2307

REGION 02

Mailing: 111 E AMES CT - NORTHSIDE; PLAINVIEW, NY 11803-2307

Activity Location: NY	State District: NYSDEC R1	Accessibility:	Non-Notifier:	Extract Flag: Y	Active Site: Y
Generator: SQG	Transporter: N	Operating TSDF: -----	IC In Place: N	El Indicator (HE / GW): N / N	
Short-Term Gen: N	Transfer Facility: N	Offsite Receiver: N	HSM: N	Subpart K: ----	
Full Enforcement: -----	Converter: -----	State Unaddressed SNC: N	EPA Unaddressed SNC: N		
CA Wrld: N	State TSDF: -----	State Addressed SNC: N	EPA Addressed SNC: N		
Active State Gen: N		State SNC w/Comp Sched: N	EPA SNC w/Comp Sched: N		

**Violation:** Activity Location: NY Type: XXS Determined Date: 06/14/2007 Determined by Agency: State Responsible Agency: State  
 Scheduled Compliance Date: Actual Compliance Date: 06/22/2007 RTC Qualifier: DOCUMENTED Sequence Number: 1  
 Citation Information: Seq # Type Citation  
 1 STATE REGULATION 372.2(b)(2)(i)

**CEI Evaluation** 06/14/2007 Activity Location: NY By: State Identifier: 001 Person: NYPDL Branch: R1 Found Violation: YES  
 Citizen Complaint: NO Multimedia Inspection: NO Sampling: NO Not Subtitle C: NO Day Zero: 06/14/2007 Focus Area:

**Enforcement:** Activity Location: NY Type: 120 Action Date: 06/28/2007 Identifier: 001  
 Docket: Agency: State Responsible Person: NYPDL Branch: R1  
 CA Component: N Disposition Status: Appeal Initiated: Appeal Resolved:

**Violation:** Activity Location: NY Type: XXS Determined Date: 06/14/2007 Determined by Agency: State Responsible Agency: State  
 Scheduled Compliance Date: Actual Compliance Date: 06/22/2007 RTC Qualifier: DOCUMENTED Sequence Number: 2  
 Citation Information: Seq # Type Citation  
 2 STATE REGULATION 372.2(b)(2)(ii)

**CEI Evaluation** 06/14/2007 Activity Location: NY By: State Identifier: 001 Person: NYPDL Branch: R1 Found Violation: YES  
 Citizen Complaint: NO Multimedia Inspection: NO Sampling: NO Not Subtitle C: NO Day Zero: 06/14/2007 Focus Area:

**Enforcement:** Activity Location: NY Type: 120 Action Date: 06/28/2007 Identifier: 001  
 Docket: Agency: State Responsible Person: NYPDL Branch: R1  
 CA Component: N Disposition Status: Appeal Initiated: Appeal Resolved:

**Violation:** Activity Location: NY Type: 265.C Determined Date: 06/14/2007 Determined by Agency: State Responsible Agency: State  
 Scheduled Compliance Date: Actual Compliance Date: 06/20/2007 RTC Qualifier: DOCUMENTED Sequence Number: 3  
 Citation Information: Seq # Type Citation  
 3 STATE REGULATION 373-3.3(g)(1)

**CEI Evaluation** 06/14/2007 Activity Location: NY By: State Identifier: 001 Person: NYPDL Branch: R1 Found Violation: YES  
 Citizen Complaint: NO Multimedia Inspection: NO Sampling: NO Not Subtitle C: NO Day Zero: 06/14/2007 Focus Area:

**Enforcement:** Activity Location: NY Type: 120 Action Date: 06/28/2007 Identifier: 001  
 Docket: Agency: State Responsible Person: NYPDL Branch: R1  
 CA Component: N Disposition Status: Appeal Initiated: Appeal Resolved:

\* Note: Penalty amount may not reflect all violations cited.

## FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: August 7, 2014 - 12:01 PM

Page 3

**Total Number of Handlers:** 1

**Total Number of Activity Locations:** 1

\* End of Report \*

\* Note: Penalty amount may not reflect all violations cited.

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: August 7, 2014 - 12:01 PM

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## Description of codes used on the report:

Universes	Description of Universes
<b>Generator</b>	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
<b>Transporter</b>	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
<b>Operating TSDF</b>	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
<b>IC in Place</b>	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
<b>EI Indicator (HE / GW)</b>	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
<b>Short-Term Gen</b>	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
<b>Transfer Facility</b>	Indicates that the facility transfers hazardous waste.
<b>Offsite Receiver</b>	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
<b>HSM</b>	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
<b>Subpart K</b>	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
<b>Full Enforcement</b>	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
<b>CA Workload</b>	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
<b>Active State Gen</b>	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
<b>Converter</b>	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
<b>State TSDF</b>	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
<b>State Unaddressed SNC</b>	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
<b>State Addressed SNC</b>	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
<b>State SNC w/ Compl. Sched</b>	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
<b>EPA Unaddressed SNC</b>	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
<b>EPA Addressed SNC</b>	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
<b>EPA SNC w/ Compl. Sched</b>	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

\* Note: Penalty amount may not reflect all violations cited.

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: August 7, 2014 - 12:01 PM

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## Description of codes used on the report:

<b>ACCESSIBILITY</b> - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

<b>NON-NOTIFIER</b> - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Violation Type	Description
265.C	TSD IS-PREPAREDNESS AND PREVENTION
XXS	STATE STATUTE OR REGULATION

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE

Enforcement Type	Enforcement Description
120	WRITTEN INFORMAL

\* Note: Penalty amount may not reflect all violations cited.